QI meeting **May 2, 2008** **Auditorium** **10:30 am – 12 noon**

Attendees: Kathleen Nawn (Client Services), Sandy Smole (Mol. Dx.), Alan Borne (Micro.), Joseph Peppe (Micro.), Paul Elvin (TB), Pat Jacobsen (Bl. Lead), Peter Belanger (Ref.), Scott Hennigan (Mol. Dx.), Julie Nassif (Analy. Chem.), Jill Clemmer (Analy. Chem.), Peter Piro (Drug), Annie Dooklan Khan (Drug), Cheryl Gauthier (BT), Xingtai Wang (Rabies), Raimond Konomi (Vir. Isol.), Karen Chen (Virus), Dina Caloggero (QA/IT), Peggy DiNatale (QA), Dr. Gilchrist

Minutes prepared by: Peggy DiNatale, 5/6/08

1. Turn Around times for CDC sendouts

a. Follow up on communication with the CDC regarding turn around times – Dr. Gilchrist

The data collected by SLI was circulated to the CDC Directors for review. They thanked us for collecting the data and they will update us as they discuss how to address the turn around issues.

We should collect data again in specified time intervals to determine if there is a change in the turn around time. We agreed to collect the same data for the following time periods: July – September; October – December. Peggy will send out a notice to collect data.

Since the last QI meeting, all CDC test reports have been sorted by Kathy Nawn. The lab representatives indicated that they have not received any misdirected reports.

b. Review and Revise test list to ensure that it accurately reflects which labs handle which specimens – List will be distributed at the meeting for Supervisors to review and revise during the meeting

The quick guide to tests and labs, which is for internal use only, was distributed to the Laboratory Supervisors. The list will be updated to reflect changes made by the Supervisors. We discussed where this list could be posted to make it available to all staff. We agreed that the list will either be posted on a folder on the P drive or placed on the Intranet site as a menu option. Once a decision is made, a memo will be sent out to all staff.

We discussed entries for agents that may be tested in both serum and as a culture. The example discussed was Aspergillosis. This test request can be either for serology or a culture. For the purpose of this Internal Use Only list, if the same SLI Lab will handle the sample regardless of serology or culture, then there is no need to have an entry for Aspergillosis serology and Aspergillosis culture – there is no need for two entries. We agreed that if one lab handles

Aspergillosis serology and a different lab handles Aspergillosis culture, we will have two entries.

This list will NOT indicate if a test is sent to CDC. It will only list the SLI lab that handles the specimen. The SLI lab will know if they test the sample here or if they send it out for testing.

2. Discussion of SOPs: (handout)

Document control / SOP components / SOP reviews / SOP Inventory List

A handout was distributed. The handout contained excerpts from three QA SOPs: QA.011; QA.012; QA.013. The excerpts included the purpose and background for each of these SOPs and the location of these SOPs on the P drive. There were no questions regarding the SOPs or the handout.

Extra handouts are available by contacting Peggy DiNatale at ext. 6243.

3. Update from Labs regarding pipette calibrations using the gravimetric method

Most labs reported that they are switching from the Artel system to the gravimetric method to calibrate the pipettes. All labs were able to identify a balance that they can use.

Jill Clemmer reported that she has been communicating with SIMCO to perform repairs on her pipettes. They will repair the pipette and then perform a calibration to ensure that it is within specifications. Jill will provide an update on the level of service and the cost at the next QI meeting.

4. Status report regarding a courier system for specimens

Dr. Gilchrist described the different types of courier systems that currently deliver specimens to the Lab: overnight service (UPS) and same day service. Massachusetts is geographically favorable to establishing a statewide courier system to pick up and deliver specimens to the State Lab. With help from the Laboratory Supervisors and IT, we now have a client database containing the client names, address, test volume for each lab at SLI and the current method of specimen delivery. This database also includes clients who send specimens on Newborns to the UMass Newborn Screening program.

We were also able to calculate the specimen delivery time for the clients. The data demonstrates that some clients gather specimens from several days and then send them as a batch. The Blood Lead lab reported that they have used this data to discuss specimen delivery times with clients.

Next month, we will share the database with the Laboratory Supervisors.

5. New name of Laboratory: We need to generate a list of documents which must be updated

new name: William A. Hinton State Laboratory Institute

a. test reports – centrally be IT

b. CLIA , CAP. DEP, Dairy Lab Inspection certificates:

Peggy DiNatale will take care of submitting the name change to CLIA and CAP.

Julie Nassif will take care of submitting the name change with DEP when she completes the paperwork for the certificate renewal.

Joseph Peppe will take care of changing the name of the Lab's Dairy Certificate and the certificates that we issue following inspection of dairy labs.

c. SOPs - upon revision and for any new SOPs after May 1, 2008

d. Training Materials (BT lab, CT lab, NLTN, State Training Coordinator materials)

e. Specimen Collection Kits and specimen collection instructions and labels will be changed by Kathy Nawn.

f. manual of Tests and Services: To be coordinated between Kathy Nawn and Betsy Szymczak.

g. Test Requisition; Kathy Nawn will change these forms (Clinical, Animal, Rabies).
Alan Borne will will take care speaking with the CD Bureau about making the change on the Chlamydia forms.
Cheryl Gauthier will take care of making the change on the BT/CT requisitions.
Cindy Stinson will be asked to make the change on the Bird requisition.

h. other documents: No additional forms were identified at this meeting. However, as we come across additional forms, they will be changed.

6. AAB's corrective action checklist for PT surveys (handout)

The handout from AAB outlines some steps in the testing process that should be evaluated any time a PT sample is graded as incorrect. This handout is guidance document. Extra copies are available from Peggy DiNatale. The form is not available electronically.